

DECLARATION FOR PATENT APPLICATION

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name; I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

MEMORY INTERFACE DEVICE, MEMORY INTERFACE METHOD AND MODEM DEVICE,
as described and claimed in PCT/JP2005/000011 filed JANUARY 5, 2005,

the specification of which (check one); ☐ is attached hereto: ☒ was filed on JULY 12, 2006 as Application No. 10/585,751 and was amended on (or amended through) SEPTEMBER 12, 2006 (if applicable). I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above. I acknowledge the duty to disclose information which is material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56(a). I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

| | | | Priority Claimed | |
|-------------|-----------|------------------------|-------------------------------------|--------------------------|
| (Number) | (Country) | (Day/Month/Year Filed) | Yes | No |
| 2004-004960 | JAPAN | 13 01 2004 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (Number) | (Country) | (Day/Month/Year Filed) | Yes | No |
| (Number) | (Country) | (Day/Month/Year Filed) | <input type="checkbox"/> | <input type="checkbox"/> |
| (Number) | (Country) | (Day/Month/Year Filed) | Yes | No |
| (Number) | (Country) | (Day/Month/Year Filed) | <input type="checkbox"/> | <input type="checkbox"/> |
| (Number) | (Country) | (Day/Month/Year Filed) | Yes | No |
| (Number) | (Country) | (Day/Month/Year Filed) | <input type="checkbox"/> | <input type="checkbox"/> |
| (Number) | (Country) | (Day/Month/Year Filed) | Yes | No |

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

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| (Application Serial No.) | (Filing Date) | (Status - Patented, Pending or Abandoned) |
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| (Application Serial No.) | (Filing Date) | (Status - Patented, Pending or Abandoned) |
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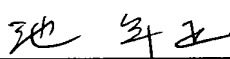
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

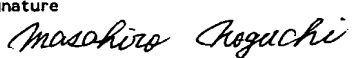
POWER OF ATTORNEY

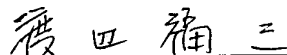
I (we) hereby appoint Bruce L. Adams, Registration No. 25,386, Van C. Wilks, Registration No. 25,027 and Franco S. De Liguori, Registration No. 36,497 whose post office address is: Adams & Wilks, 17 Battery Place, Suite 1231, New York, New York 10004, as my (our) attorneys with full power of substitution and revocation, to prosecute this application, and to transact all business in the United States Patent and Trademark Office connected therewith.

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| Date | Signature |
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☒ See second page for additional joint inventors.

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| State or Country | State or Country |
| Date / | Signature / |